

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010029

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 87 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 87 STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b. 55 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. Bothwell Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia, Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 503 East 5th. St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
HARRY S. KAHN March 16, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Sept 9, 1892 9. AGE (last birthday) 68
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing 11. BIRTHPLACE (City and state or country) Piltin, Russia 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Arthur Lewis Kahn 13b. MOTHER'S MAIDEN NAME Elizabeth Louise Hershom 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 16. SOCIAL SECURITY NO. WW 1 17. INFORMANT Address Miss Tillie Kahn, Tulsa, Oklahoma

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of the Right Lung INTERVAL BETWEEN ONSET AND DEATH 9 months
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from March 9, 1961 to March 16, 1961 and last saw him alive on March 10, 1961
 Death occurred at 2 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. S. Hopkins, M.D. 22b. ADDRESS 1609 S. First Sedalia, Mo. 22c. DATE SIGNED 3-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-17-61 23c. NAME OF CEMETERY OR CREMATORY Sedalia Hebrew Union 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR D. W. Heckart ADDRESS Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. 3-18-1961 26. REGISTRAR'S SIGNATURE Frances Shelby

MAR 23 1961

MAR 28 1961

APR 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Idalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.